

2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90057 026 ***150.00

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01032006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000170910					
1. Entity Name JLC ELECTRICAL, INC.					
Principal Place of Business 692 JAMESTOWN BLVD #2248 ALTAMONTE SPRINGS, FL 32714			Mailing Address 692 JAMESTOWN BLVD #2248 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 101 London Fog Way Suite, Apt. #, etc.		3. Mailing Address 101 London Fog Way Suite, Apt. #, etc.			
City & State Sanford, FL Zip 32771 Country		City & State Sanford, FL Zip 32771 Country		4. FEI Number 65-1238774 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CARTWRIGHT, JUSTIN L 692 JAMESTOWN BLVD #2248 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name Cartwright, Justin L Street Address (P.O. Box Number is Not Acceptable) 101 London Fog Way City Sanford FL Zip Code 32771		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD CARTWRIGHT, JUSTIN L 692 JAMESTOWN BLVD #2248 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD CARTWRIGHT JUSTIN L 101 LONDON FOG WAY SANFORD, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1-26-06 Date Daytime Phone #		